



TELL US HOW WE'RE DOING

Your opinions and suggestions are important. Please take a few moments to complete the survey below about the quality of service you received when you filed your Unemployment Insurance claim.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I waited a reasonable amount of time before speaking to a Customer Service Representative (CSR).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I received courteous treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The CSR was knowledgeable about the Unemployment Insurance Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The CSR answered my questions to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I understood the instructions on filing Weekly claims for benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The Interactive Voice Response Unit (IVR) system for filing my weekly claims by phone is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The amount of time it took to complete my claim by phone was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Claimant Rights & Responsibilities Handbook helped me to understand what is required of me in order to receive Unemployment benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I rate the overall quality of service provided by the Vermont Department of Labor's Unemployment Insurance and Wages Division to be:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	
10. Here are some suggestions and comments I would like to make:	<div><div></div><div></div><div></div><div></div></div>			
<input type="checkbox"/> Please check here if you would like someone from the department to contact you. Please provide your name and telephone number below.				

Name: _____ Phone Number: _____